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| <b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>                                     |   | Docket Number (Optional)<br>1906-0133PUS1 |
| Application Number<br>10/824,395-Conf. #6416  | Filed April 15, 2004                        |   |
| For OFDM FRAME SYNCHRONISATION ALGORITHM  |   |   |
| Art Unit<br>2611  | Examiner<br>J. F. A. Dsouza                 |   |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.  |   |   |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):   |   |   |
|   | <u>Fee</u>                                  | <u>Small Entity Fee</u>                   |
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1))  | \$130                                       | \$65 \$ _____                             |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))  | \$490                                       | \$245 \$ 490.00                           |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))   | \$1110                                      | \$555 \$ _____                            |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))  | \$1730                                      | \$865 \$ _____                            |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))  | \$2350                                      | \$1175 \$ _____                           |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.   |   |   |
| <input type="checkbox"/> A check in the amount of the fee is enclosed.  |   |   |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.   |   |   |
| <input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.   |   |   |
| <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-2448</u> .                 |   |   |
| <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.               |   |   |
| I am the <input type="checkbox"/> applicant/inventor.   |   |   |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br>Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).   |   |   |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>48,917</u>  |   |   |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br>Registration number if acting under 37 CFR 1.34 _____  |   |   |
| <br>_____<br>Signature   | December 10, 2008<br>_____<br>Date          |   |
| Chad J. Billings<br>_____<br>Typed or printed name  | (703) 205-8000<br>_____<br>Telephone Number |   |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. |   |   |
| <input type="checkbox"/> Total of <u>1</u> forms are submitted.   |   |   |